

## RDM MEMBERSHIP APPLICATION FORM

The National Alliance for Rare Diseases Support – Malta (RDM) is committed to advocate for all rare disease patients, their families and rare disease groups. Its aim is to represent a higher number of patients speaking with one voice and thus provide a stronger voice than a single disease patient group.

**Membership Criteria:** Patients who have been diagnosed as suffering from a rare disease according to EU prevalence criteria of 5/10 000 and/or a maximum of two other close relatives.

**Please complete the form below and return completed with your annual membership fee payable to the National Alliance for Rare Diseases Support Malta, addressed to RDM 58, Zachary Street, Valletta, VLT 1130**

**Type of Membership (Tick where applicable):**

- New Membership
  Yearly Renewal Membership
  Donation: € \_\_\_\_\_
- €5 Individual Membership
  €10 Family Membership

Personal Information			
Full Name of member:		ID No:	
Member's Relative/Carer:		Relation to member:	
Address:		Postal Code:	
		Tel No:	
Mobile No:		Work No:	
Email Address:			
Rare Disease Name:			
Orphanet Code (For Office Use):		Name of Caring Consultant	

**Research Participation** (Tick if you agree)

I would like to be notified of research opportunities related to my rare disease, carried out by the University of Malta or other entities. I understand that:

- i) All the data I have provided on this form shall be processed by RDM in terms of the Data Protection act 2001, and
- ii) Shall only be used by RDM for internal identification and classification purposes, as well as;
- iii) For identifying possible networking opportunities in line of my needs or the needs of my organisation, such opportunities being of either a Professional or a Professional nature.

Provided that, in such cases, RDM shall only share the information provided by me with said third party/ies after having obtained my written consent, personally or on behalf of my organisation, and only in respect of that information which I would have consented to sharing, or which I eventually consent to further sharing at any future time, should such sharing occur through RDM.

I declare that I have read and understood the above provisions, and hereby freely consent to passing such information to RDM, and to RDM storing or processing such information in line with the above provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Cheque No/Cash: \_\_\_\_\_

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